REQUEST TO APPEAR BEFORE THE DURHAM CITY COUNCIL AT THE WORK SESSION

Date: 1 / 88 / 60/3
Council Work Session Meeting Date: 2 1 1 1 3013
Name: VIVIAN MCCay of DAVE KUSh
Address: 10 BM 11751 , 27703
Email address: VMCCay WNC. rr, com
Phone number: 9/9-596-108/ Fax number:
Organization Represented (if any): \\ \DISTERCT ONG \\ \TAC \ON
Topic: Statement of presentation you wish to make and statement of action you wish
Council to take. Attach additional sheets if necessary.
Community ISSUB
PAULMY & Street - BUSINESS
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Signature / 122 to AM

This form must be returned to the Agenda Coordinator by Monday at 5:00 pm ten days prior to the City Council Work Session meeting at which you wish to speak. Once this form is submitted, no further reminder will be given. Citizens may call the Agenda Coordinator's Office at 560-4222 to confirm receipt of this form.

Please send this form to: Agenda Coordinator
City Manager's Office
101 City Hall Plaza
Durham, North Carolina 27701
Fax # (919) 560-4949